

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09785815

FILING DATE

02/16/01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
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TOTAL IND.	3	↓	↓	↓	↓	↓
TOTAL DEP.	19	↓	↓	↓	↓	↓
TOTAL CLAIMS	22					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	↓	↓	↓	↓	↓	↓
TOTAL DEP.	↓	↓	↓	↓	↓	↓
TOTAL CLAIMS						